

**Indiana Emergency Medical Services Commission
EMT-Basic Advanced Practical Examination Report Form**

Please Print Clearly!

Course Number: _____

Name _____
Last Name First Name MI Driver's License or State I.D. #

Address _____
Street City State Zip Code

e-mail _____

Training Institution _____

Exam Site _____ Date _____

Attempt: _____ Attempt: _____

Station # 1	Patient Assessment / Management – Trauma	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Station # 2	Patient Assessment / Management – Medical	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Station # 3	Cardiac Arrest Management	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Station # 4	Intravenous Therapy	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

Candidates failing two (2) or less stations are eligible for a retest of the skills failed. Failing a same day retest will require the candidate to retest only those skills failed on a different day with a different examiner. Failure of the retest attempt at a different site and with a different examiner constitutes a complete failure of the practical examination. A candidate is allowed to test a single skill a maximum of three (3) times before he/she must retest the entire practical examination. Failing three (3) or more stations, constitutes a complete failure of the practical examination attempt. A complete failure of the practical examination attempt will require the candidate to document remedial training over all skills before reattempting all stations of the practical examination. Candidates are allowed a maximum of two (2) complete examination attempts. Failure to pass all stations by the end of two (2) full examination attempts, constitutes a complete failure of the skills testing process.

NOTE: You have one (1) year to successfully complete all phases of the certification examination process from your initial recertification testing attempt or EMT-BA course completion date. If incomplete or unsuccessful, you must complete a new EMT-BA training program to be eligible for future testing for certification. Official test results may take up to six (6) weeks.

By my signature below, I acknowledge that I have read, understand, and agree to the Indiana EMT-BA Pass/Fail testing criteria listed above.

EMT-BA Candidate: _____
(Legal Signature)

Representative Comments:

Representative Signature: _____

Indiana EMT-Basic Advanced Practical Skills Examination
Cardiac Management Station

Start Time: _____ Stop Time: _____

Date: _____

Candidate's Name: _____

Scenario Number _____

Evaluator's Name: _____

	Points Possible	Points Awarded
Demonstrates / Verbalizes initial or continued consideration of BSI precautions	1	
Checks level of responsiveness	1	
Checks ABC's (skill examiner states "no pulse, no respirations")	1	
Initiates CPR if appropriate (verbally)	1	
Performs "Quick Look" with paddles or applies pads	1	
Correctly interprets initial rhythm	1	
Appropriately manages initial rhythm	1	
Notes change in rhythm	1	
Checks patient condition to include pulse and if appropriate BP	1	
Correctly interprets second rhythm	1	
Appropriately manages second rhythm	1	
Notes change in rhythm	1	
Checks patient condition to include pulse and if appropriate BP	1	
Correctly interprets third rhythm	1	
Appropriately manages third rhythm	1	
Notes change in rhythm	1	
Checks patient condition to include pulse and if appropriate BP	1	
Correctly interprets fourth rhythm	1	
Appropriately manages fourth rhythm	1	
Order high flow oxygen at proper times	1	
Total:	20	

Critical Criteria

- _____ Failure to verify rhythm before delivering each shock
- _____ Failure to ensure the safety of self and others (verbalizes AND observes ALL CLEAR)
- _____ Inability to deliver DC shock (does not use machine properly)
- _____ Failure to deliver appropriate defibrillation(s) as indicated by rhythm, in a timely manner
- _____ Failure to order initiation or resumption of CPR when appropriate
- _____ Failure to order correct management of airway
- _____ Failure to order high flow oxygen at proper time
- _____ Failure to correctly diagnose or adequately treat v-fib, v-tach or asystole/PEA

You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.

Indiana EMT-Basic Advanced Practical Skills Examination

Patient Assessment/Management - Medical

Start Time: _____

Stop Time: _____

Date: _____

Candidate's Name: _____

Scenario Number: _____

Evaluator's Name: _____

		Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions		1	
SCENE SIZE-UP			
Determines the scene is safe		1	
Determines the mechanism of injury/nature of illness		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of spine		1	
INITIAL ASSESSMENT			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness		1	
Determines chief complaint/apparent life threats		1	
Assesses airway and breathing	Assessment	1	
	Initiates appropriate oxygen therapy	1	
	Assures adequate ventilation	1	
Assesses circulation	Assesses AND controls major bleeding	1	
	Assesses pulse	1	
	Assesses skin (color, temperature and condition)	1	
	Assesses need or no need for IV Initiation	1	
Identifies priority patients/makes transport decision		1	
FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID ASSESSMENT			
Signs and symptoms (Candidates asked _____ pertinent questions about patients chief complaint, see evaluators instructions)		1	
<input type="checkbox"/> Respiratory	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Altered Mental Status	<input type="checkbox"/> Allergic Reaction
<input type="checkbox"/> Poisoning/Overdose	<input type="checkbox"/> Environmental Emergency	<input type="checkbox"/> Obstetrics	
*Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions?	*Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions?	*Description of episode. *Onset? *Duration? *Associated Symptoms? *Evidence of Trauma? *Interventions? *Seizures? *Fever?	*History of allergies? *What were you exposed to? *How were you exposed? *Effects? *Progression? *Interventions?
*Substance? *When did you ingest/ become exposed? *How much did you ingest? *Over what time period? *Interventions? *Estimated weight? *Effects?	*Source? *Environment? *Duration? *Loss of consciousness? *Effects - general or local?	*Are you pregnant? *How long have you been pregnant? *Pain or contractions? *Bleeding or discharge? *Do you feel the need to push? *Last menstrual period? *Crowning?	
Allergies		1	
Medications		1	
Past pertinent history		1	
Last oral intake		1	
Event leading to present illness (rule out trauma)		1	
Performs focused physical examination (assesses affected body part/system or, if indicated, completes rapid assessment)		1	
Vitals (obtains baseline vital signs)		1	
Interventions (obtains medical direction or verbalizes standing order for medication interventions and verbalizes proper additional intervention/treatment)		1	
Transport (re-evaluates the transport decision)		1	
Verbalizes the consideration for completing a detailed physical examination		1	
ONGOING ASSESSMENT (verbalized)			
Repeats initial assessment		1	
Repeats vital signs		1	
Repeats focused assessment regarding patient complaint or injuries		1	
Critical Criteria		Total:	31

- _____ Did not take, or verbalize, body substance isolation precautions when necessary
- _____ Did not determine scene safety
- _____ If scenario indicated need, did not obtain / follow medical direction or verbalize standing orders / protocols for medical interventions (s)
- _____ Did not provide high flow oxygen with appropriate mask
- _____ Did not find or manage problems associated with airway, breathing, circulation (shock / hypoperfusion)
- _____ Did not differentiate patient's need for transportation versus continued assessment at the scene
- _____ Did focused history/physical examination before assessing the airway, breathing and circulation
- _____ Did not ask any questions about the present illness
- _____ Delayed transport to initiate IV
- _____ Administered a dangerous or inappropriate intervention

05/2008

You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.

Indiana EMT-Basic Advanced Practical Skills Examination
Intravenous Therapy

Start Time: _____ Stop Time: _____

Date: _____

Candidate's Name: _____

Evaluator's Name: _____

	Points Possible	Points Awarded
Checks selected IV fluid for - Proper fluid (1 point) - - Expiration Date (1 point) - Clarity (1 point)	1 1 1	
Selects appropriate catheter	1	
Selects proper administration set	1	
Connects IV tubing to the IV bag	1	
Prepares administration set (fills drip chamber and flushes tubing)	1	
Cuts or tears tape (at any time before venipuncture)	1	
Demonstrates / Verbalizes initial or continued consideration of BSI precautions	1	
Applies tourniquet	1	
Palpates suitable vein	1	
Uses aseptic technique to prep IV site (prior to venipuncture)	1	
Performs venipuncture -Inserts stylette (1 point) -Notes or verbalizes flashback (1point) -Occludes vein proximal to catheter (1 point) -Removes stylette (1 point) -Connects IV Tubing to catheter (1 point)	1 1 1 1 1	
Releases tourniquet	1	
Runs IV for a brief period to assure patent line	1	
Secures catheter (tapes securely or verbalizes)	1	
Adjusts flow rate as appropriate	1	
Disposes / verbalizes disposal of needle in proper container	1	
Total:	22	

Critical Criteria

- _____ Exceeded the 6 minute limit in establishing a patent and properly adjusted IV
- _____ Failure to use aseptic technique prior to and during venipuncture, contaminates equipment or site without correction
- _____ Any improper technique resulting in the potential for catheter shear or air embolism
- _____ Failure to successfully establish IV within 3 attempts during 6 minute time limit
- _____ Failure to dispose of needle in proper container

You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.

Indiana EMT-Basic Advanced Practical Skills Examination

Patient Assessment/Management - Trauma

Start Time: _____

Date: _____

Stop Time: _____

Scenario Number: _____

Candidate's Name: _____

Evaluator's Name: _____

		Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions		1	
SCENE SIZE-UP			
Determines the scene is safe		1	
Determines the mechanism of injury		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of spine		1	
INITIAL ASSESSMENT			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness		1	
Determines chief complaint/apparent life threats		1	
Assesses airway and breathing	Assessment	1	
	Initiates appropriate oxygen therapy	1	
	Assures adequate ventilation	1	
	Injury management	1	
Assesses circulation	Assesses AND controls major bleeding—1	1	
	Assesses pulse –1	1	
	Assesses skin color, temperature and condition -1	1	
	Assesses need for or no need for IV initiation –1	1	
Identifies priority patients/makes transport decision		1	
FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID TRAUMA ASSESSMENT			
Selects appropriate assessment (<i>focused or rapid assessment</i>)		1	
Obtains, or directs assistance to obtain, baseline vital signs		1	
Obtains S.A.M.P.L.E. history		1	
DETAILED PHYSICAL EXAMINATION			
Assesses the head	Inspects and palpates the scalp and ears	1	
	Assesses the eyes	1	
	Assesses the facial areas including oral and nasal areas	1	
Assesses the neck	Inspects and palpates the neck	1	
	Assesses for JVD	1	
	Assesses for tracheal deviation	1	
Assesses the chest	Inspects	1	
	Palpates	1	
	Auscultates	1	
Assesses the abdomen/pelvis	Assesses the abdomen	1	
	Assesses the pelvis	1	
	Verbalizes assessment of genitalia/perineum as needed	1	
Assesses the extremities	1 point for each extremity includes inspection, palpation, and assessment of motor, sensory and circulatory function	4	
Assesses the posterior	Assesses thorax	1	
	Assesses lumbar	1	
Manages secondary injuries and wounds appropriately 1 point for appropriate management of the secondary injury/wound		1	
Verbalizes re-assessment of the vital signs		1	
Critical Criteria		Total:	41

- _____ Did not take, or verbalize, body substance isolation precautions
- _____ Did not determine scene safety
- _____ Did not initially consider and / or provide stabilization of spine
- _____ Did not provide high flow oxygen with appropriate mask
- _____ Did not find, or manage problems associated with airway, breathing, circulation (shock / hypoperfusion)
- _____ Did not differentiate patient's need for transportation versus continued assessment at the scene
- _____ Did focused history/physical examination before assessing the airway, breathing and circulation
- _____ Delayed transport to initiate IV
- _____ Did not transport patient within (10) minute time limit
- _____ Administered a dangerous or inappropriate intervention

05/2008

You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.